

Attorney's Docket: E20000460

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

- ☒ original
☐ design
☐ supplemental

INVENTORSHIP IDENTIFICATION

WARNING: *If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION:

**METHOD AND APPARATUS FOR THE DELIVERY AND INTEGRATION OF AN ASSET MANAGEMENT
SYSTEM INTO AN EXISTING ENTERPRISE NETWORK**

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

- (a) ☒ is attached hereto.
- (b) ☐ was filed on _____ as _____ Serial No. 08/ _____ or _____ Express Mail No., as
Serial No. not yet known _____ and was amended on _____ (if applicable).

NOTE: *Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.*

- (c) ☐ was described and claimed in PCT International Application No. _____ filed on
_____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

- ☒ which is material to patentability as defined in 37 CFR 1.56

(also check the following items, if desired)

- ☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☐ in compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☒ no such applications have been filed.
- (e) ☐ such applications have been filed as follows:

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

Michael M. Rickin
26,984

(check the following item, if applicable)



Attached as part of this declaration and power of attorney is the authorization of the above named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Michael M. Rickin, Esq.
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Legal Department - 4U6
29801 Euclid Avenue
Wickliffe, OH 44092-1898

DIRECT TELEPHONE CALLS TO

Michael M. Rickin, Esq.
(440) 585-7840

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of **first joint** inventor

Ronald

(GIVEN NAME)

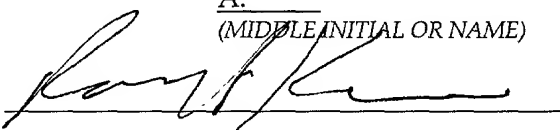
A.

(MIDDLE INITIAL OR NAME)

Kupiec

FAMILY (OR LAST NAME)

Inventor's signature



Date: 7/12/01

Country of Citizenship United States of America

Residence: 18200 Rolling Brook Drive, Chagrin Falls, OH 44023

Post Office Address same as above

Full name of **second joint** inventor

Paolo

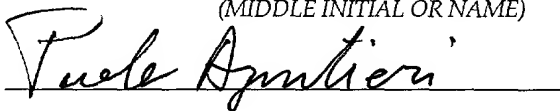
(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Argentieri

FAMILY (OR LAST NAME)

Inventor's signature



Date: 7/12/01

Country of Citizenship: Italy

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Post Office Address same as above

~ Additional signatures on following page ~

Full name of **third joint** inventor

Jeff
(GIVEN NAME)

J.
(MIDDLE INITIAL OR NAME)

Rochow
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Inventor's signature Jeff J. Rochow

Date: 7/12/2001 Country of Citizenship United States of America

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Post Office Address same as above

Full name of **fourth joint** inventor

Anne
(GIVEN NAME)

F.
(MIDDLE INITIAL OR NAME)

Poorman
FAMILY (OR LAST NAME)

Inventor's signature Anne F. Poorman

Date: 7/12/01 Country of Citizenship United States of America

Residence: 1167 Hansford Road, Lyndhurst, OH 44124

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☒ This declaration ends with this page